



PAUL R. LEPAGE
GOVERNOR

STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
ANIMAL WELFARE PROGRAM
28 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0028

WALTER E. WHITCOMB
COMMISSIONER

LIAM HUGHES
DIRECTOR

Breeding Kennel Application

Facility Name: _____ Sales Tax ID # _____

License Category and fee:

Category 1 (5-10 Females) _____ \$75.00

Category 2 (11-20 Females) _____ \$100.00

Category 3 (21 + Females) _____ \$150.00

Mailing Address: _____

Physical Location/directions: _____

Facility Telephone: _____ Alternate Phone: _____

Hours of Operation: _____ Est. Date of Opening: _____

Owner Name: _____

First

MI

Last

Nickname/Maiden name

Date of Birth: _____ Drivers License #: _____

Co-Owner Name: _____

First

MI

Last

Nickname/Maiden name

Date of Birth: _____ Drivers License #: _____

7 § 3935. License Prohibited

The department may not issue a license to maintain a boarding kennel, a breeding kennel or pet shop to a person who, within the 10 years previous to the application for the license, has been convicted of **murder, a Class A or B offense, a violation under a Title 17-A, chapter 9, 11, 12 or 13 or** a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 **or has been convicted or adjudicated in any other state provincial or federal court of a violation similar to those specified in this section**

*****A criminal background check is required by law. Please include \$25.00 per owner in addition to the license fee. Check payable to Treasurer, State of Maine.**

90 BLOSSOM LANE, DEERING BUILDING
www.maine.gov/acf

PHONE: (207) 287-3846
TOLL FREE: 1-877-269-9200

FAX: (207) 624-5028

Breeding Kennel Supplemental Application

Total Number of Dogs/Cats: _____

Name of Breeds: _____

Number of adults per breed:

Breed: _____ (M) _____ (F) _____

Breed: _____ (M) _____ (F) _____

Breed: _____ (M) _____ (F) _____

Breed: _____ (M) _____ (F) _____

Breed: _____ (M) _____ (F) _____

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Please describe the indoor facilities(Crates, pens, free-housing etc.): _____

Outdoor Facilities(houses, ties, runs, free access to kennel): _____

Location of the whelping box/area, describe: _____

Quarantine/Isolation area: _____

Exercise Program: _____

Describe your protocol for disease control(Deworming; Vaccination Products and Schedules): _____

List products used for cleaning and disinfection: _____

Describe your protocol for cleaning and disinfection: _____

Location of records: _____

Veterinarian of record, Name, Address, Phone number: _____

How long?_____

Describe the vaccination protocol for the puppies/kittens:_____

For Adults, who administers the shots/medication:_____

Describe the vaccination protocol for the Adults:_____

Have you owned or been involved with a breeding kennel in another location or State?_____

If so, where?_____

Please enclose a copy of your current sales contract.

I certify the information given herein to be true and complete to the best of my knowledge.

Name

Date